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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	SCT-PT018 (P 1942 US)
	First Named Inventor	Inka Henze
	COMPLETE IF KNOWN	
	Application Number	10/654,237
	Filing Date	September 3, 2003
	Group Art Unit	2874
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR PRODUCING A LEACHED FIBER BUNDLE, AND IMPROVED LEACHED FIBER BUNDLE

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
102 40 508.5-45	Germany	09/03/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.



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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

3624

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
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Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

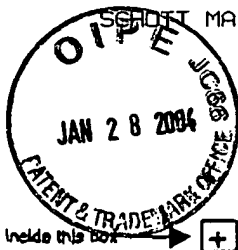
Direct all correspondence to: ☒ Customer Number or Bar Code Label 3624 OR ☐ Correspondence address below

Name	VOLPE AND KOENIG, P.C.		
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inka		Henze	
Inventor's Signature	Witness: <i>[Signature]</i>		Date
			09/03/03
Residence: City	State	Country	Citizenship
Udenheim		Germany	German
Post Office Address			
Osterstrasse 22a			
Post Office Address			
City	State	ZIP	Country
Udenheim		55288	Germany

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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PTO/SB/02A (11-00)

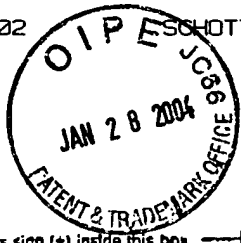
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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Michael			Weisser		
Inventor's Signature <i>[Signature]</i>		WITNESS: <i>Debra Chambers</i>		Date <i>9-10-03</i>	
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Mailing Address 3 Woodside Circle					
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Country		USA			
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Brigitte			Sommer		
Inventor's Signature <i>Brigitte Sommer</i>		WITNESS: <i>Stefan Sommer</i>		Date <i>09/03/03</i>	
Residence: City	Mainz	State		Country	Germany
Citizenship		German			
Mailing Address <i>Kaiserstr. 68</i>					
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Country		Germany			
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Andrea			Suchi		
Inventor's Signature <i>Andrea Suchi</i>		WITNESS: <i>T. Hackl</i>		Date	
Residence: City	Alzey	State		Country	Germany
Citizenship		German			
Mailing Address <i>Lembeye-Strasse 24</i>					
Mailing Address					
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Country		Germany			

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ute		Busch	
Inventor's Signature	WITNESS: Heide Koggin		Date 09/03/03
Residence: City	Albig	State	Country Germany
Citizenship German			
Mailing Address Wassergasse 3			
Mailing Address			
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		Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Tamara		Sweeck	
Inventor's Signature	WITNESS: Andrea Autou		Date 09/17/03
Residence: City	Bad Münster	State	Country Germany
Citizenship German			
Mailing Address			
Mailing Address			
City	Bad Münster	State	ZIP 55583
		Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Richard		Strack	
Inventor's Signature	WITNESS: Debra Chandler		Date 9/15/03
Residence: City	Sturbridge	State MA	Country USA
Citizenship USA			
Mailing Address 34 Wells Park Road			
Mailing Address			
City	Sturbridge	State MA	ZIP
		Country	USA

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